TALLAHASSEE PARKS AND RECREATION DEPARTMENT
PARTICIPANT ACCIDENT – GENERAL INCIDENT REPORT

NOTE: This form is only to be used for any “incident” reported to you or for a “participant” accident reported to you.

PROGRAM ACTIVITY: _____________________________________________________________

DATE OF OCCURRENCE:_________________________ TIME: __________________ AM/PM

FACILITY NAME: _________________________________________________________________

LOCATION WITHIN FACILITY WHERE INCIDENT OCCURRED: ___________________________

PARTICIPANT NAME: _______________________________________ AGE:_________ SEX:_______

ADDRESS: _______________________________________________________________________

NUMBER  STREET  CITY ZIP CODE

TELEPHONE: (H) _________________________________(W) _____________________________

NAME OF PARENT/GUARDIAN: _____________________________________________________

NAME OF CLUB/TEAM: ____________________________________________________________

NAME OF COACH: ________________________________________________________________

ADDRESS: _______________________________________________________________________

NUMBER  STREET  CITY ZIP CODE

DESCRIPTION OF INCIDENT/ACCIDENT:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

NOTE: If more space is needed please use reverse side of form.

INJURED BODY PART – SPECIFY RIGHT OR LEFT:

<table>
<thead>
<tr>
<th>leg/foot</th>
<th>head/neck</th>
<th>ears/nose/mouth/teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>knees</td>
<td>torso/back</td>
<td>internal</td>
</tr>
<tr>
<td>shoulder</td>
<td>hand/arm</td>
<td>other</td>
</tr>
</tbody>
</table>

ON SITE TREATMENT GIVEN BY:

<table>
<thead>
<tr>
<th>STAFF</th>
<th>COACH</th>
<th>EMT/PARAMEDIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER</td>
<td>OTHER</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

DESCRIBE TREATMENT GIVEN BY TPRD STAFF:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

TREATMENT REFUSED: _________________________ RELEASED TO: _________________________

TRANSPORTED: _______YES _______NO BY: ________________________________

TRANSPORTED TO: ______________________________________________________________

NAME OF EMTS: _________________________________________________________________

WITNESS: ________________________________________TELEPHONE:___________________

WITNESS: ________________________________________TELEPHONE:___________________

WITNESS: ________________________________________TELEPHONE:___________________

NOTIFICATION: _______Parent/Guardian _______Police _______Risk Management _______Safety

ACCIDENT REPORTED TO (STAFF): PHONE:__________ DATE:__________

REPORT SUBMITTED BY: PHONE:__________ DATE:__________

FACILITY/PROGRAM SUPERVISOR: PHONE:__________ DATE:__________

DIVISION SUPERINTENDENT: DATE:__________

SAFETY OFFICER: DATE:__________

Please fill in all blanks. Use N/A if not applicable.